

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAR 18 2022

Bayfield Co.

Planning and Zoning Agency

Permit #:	22-0060
Date:	4-22-2022
Amount Paid:	\$100 Imp Sur \$300 Res Add 3-25-22 FTL
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	TRUSTEES MYRON & BARBARA BROSIE	Mailing Address:	1312 89TH ST.	City/State/Zip:	54017 NEW RICHMOND, WI	Telephone:	
Address of Property:	45530 MARSH LN.	City/State/Zip:	CADALE, WI 54821	Cell Phone:	715 684-9150		
Email: (print clearly)	MBROSE@DODDRIIL.COM						
Contractor:	JOHN KINNUNEN	Contractor Phone:	715-553-6538	Plumber:	NEL - PINES	Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	PAUL HASTOOSIA	Agent Phone:	715-530-0157	Agent Mailing Address (include City/State/Zip):	54821 14295 MCNAUGHT RD CADALE, WI	Written Authorization Required (for Agent)	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#	24423	Recorded Document: (Showing Ownership)	20022 427903		
1/4, 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM Doc #	Lot(s) #	Block #
Section 4	Township 43	N, Range 6	W	Town of:	Washburn	Lot Size	Acreage 54.89

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 190' feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 190,000 0.34 = 570	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3 (1) (2)	<input type="checkbox"/> Sanitary (Exists) Specify Type: 16P 367221 COND. W/ LIFT	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length: 32	Width: 27	Height: 16
Proposed Construction: (overall dimensions)	Length: 34	Width: 34	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
<input type="checkbox"/> Municipal Use		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) RESIDENTIAL ADDITION	34 X 20	688
	<input type="checkbox"/>	Accessory Building (explain) JAYER	10 X 10	788
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	(X)	
	<input type="checkbox"/>	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)		
	Other: (explain)	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 3/2/2022

Address to send permit 14295 MCNAUGHT RD CADALE, WI 54821

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- | | |
|---------------------------|--|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |

Fill Out in Ink – **NO PENCIL**

SEE ATTACHED INFO

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	71000	Feet	Setback from the Lake (ordinary high-water mark)	190 Feet
Setback from the Established Right-of-Way	71000	Feet	Setback from the River, Stream, Creek	N/A Feet
			Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	360	Feet		
Setback from the South Lot Line	50	Feet	Setback from Wetland	380 Feet
Setback from the West Lot Line	2250	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	190	Feet	Elevation of Floodplain	1397.68 Feet
Setback to Septic Tank or Holding Tank	10'	Feet	Setback to Well	5' Feet
Setback to Drain Field	180	Feet		
Setback to Privy (Portable, Composting)	N/A	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

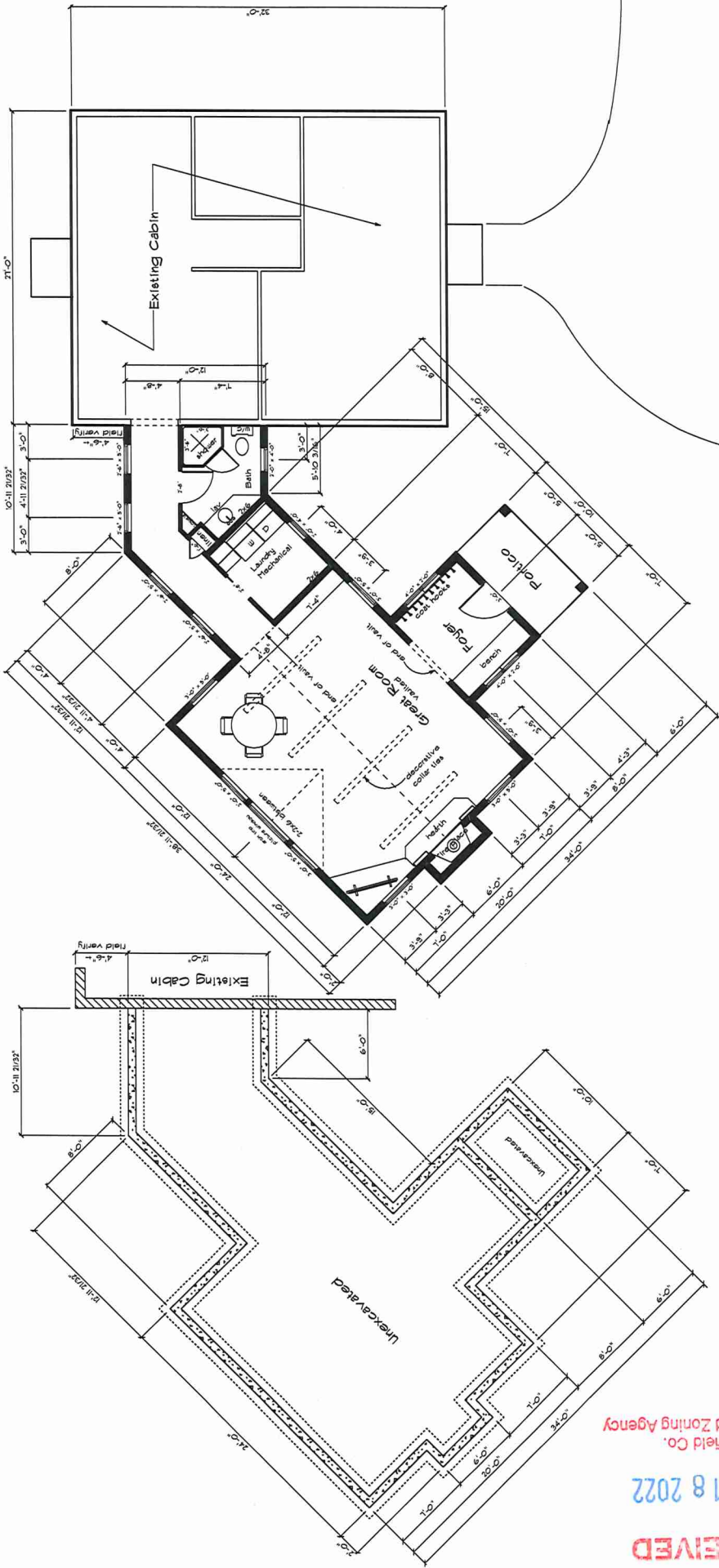
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 367221	# of bedrooms: 3	Sanitary Date: 6/5/00
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0060		Permit Date: 4-22-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created		Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:				Zoning District (R-1) Lakes Classification (1)
Date of Inspection: 4/5/22		Inspected by: [Signature]		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
- Build as proposed - If modifications add a bedroom/sleeping area - get required septic permits - get required UDC inspections				
Signature of Inspector: [Signature]				Date of Approval: 4/11/22
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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Bayfield Co.
Planning and Zoning Agency



existing cabin	86.4 sq.ft.
new cabin addition	199.5 sq.ft.
Total	1657 sq.ft.

Bunkhouse Addition Plan
revised 12-14-21

	A. H. BAUER RESIDENTIAL DESIGN SERVICES 15346-298
PROJECT:	Mike Brose
DATE:	1-12-21

ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR. FINISHED PROJECT APPEARANCE AND STRUCTURAL DETAILS MAY VARY. NO GUARANTEE IMPLIED. THIS PRINT IS NOT TO BE COPIED OR MADE PUBLIC UNLESS AUTHORIZED BY ABOVE COMPANY.

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MAR 18 2022

2 of 2

Myron J. Brose # 22576

P.O. Box 537

Cable, WI 54821

(715) 798-2337

Bayfield Co.
Planning and Zoning Agency

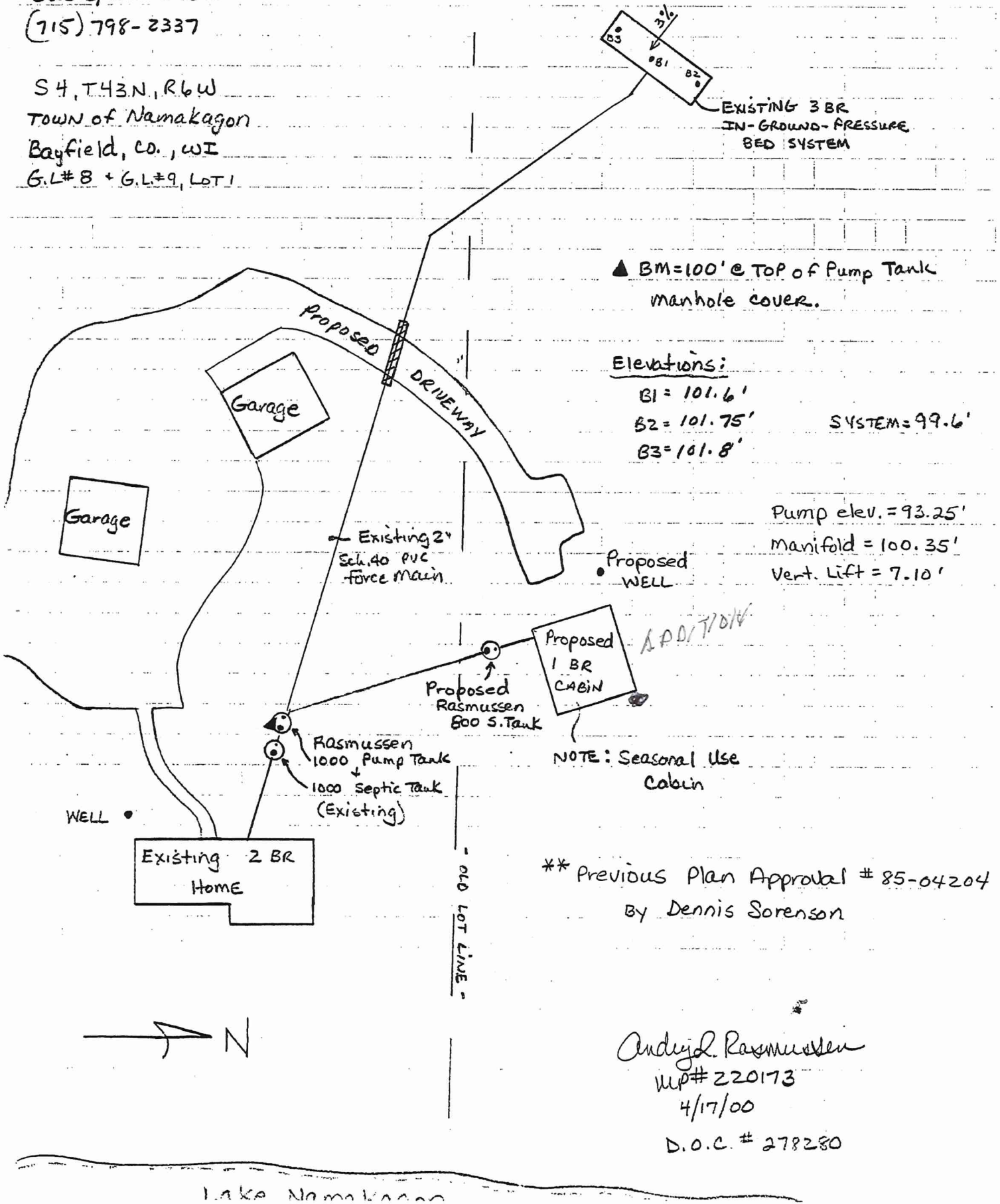
Scale: 1" = 40'

S 4, T 43 N, R 6 W

Town of Namakagon

Bayfield, Co., WI

G.L.# 8 + G.L.# 9, Lot 1

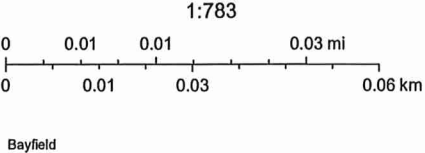


Bayfield County, WI



3/28/2022, 3:37:49 PM

- | | | |
|-----------------------------|--------------------|------------------------------|
| Rivers | Section Lines | Building Footprint 2009-2015 |
| Lakes | Government Lot | Existing |
| Meander Lines | Municipal Boundary | Driveways |
| Approximate Parcel Boundary | | Buildings |





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Piercing & Drilling Services



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MAR 18 2022

Bayfield Co.
Planning and Zoning Agency

Safety and Buildings
10541N RANCH ROAD
HAYWARD WI 54843
TDD #: (608) 264-8777
www.commerce.state.wi.us

Tommy G. Thompson, Governor
Brenda J. Blanchard, Secretary

May 03, 2000

CUST ID No.220173

ANDRY L RASMUSSEN
PO BOX 66
CABLE WI 54821

RECEIVED
MAY 12 2000
Bayfield Co. Zoning Dept.

ATTN: POWTS INSPECTOR

ZONING DEPARTMENT
BAYFIELD COUNTY SPIA
PO BOX 58
WASHBURN WI 54891-0058

RE: **CONDITIONAL APPROVAL**
PLAN APPROVAL EXPIRES: 05/03/2002

Identification Numbers
Transaction ID No. 311467
Site ID No. 190732
Please refer to both identification numbers, above, in all correspondence with the agency.

SITE:

Site ID: 190732, **JACK BROSE**
BAYFIELD County, Town of NAMAKAGON; JUNEKS POINT DR, CABLE 54821
Government Lot(s) 8 & 9, S4, T43N, R6W
Lot: 1

FOR: PRESSURIZED IN GROUND SYSTEM, 450 GPD

Object Type: POWT System Regulated Object ID No.: 659715

- This approval is for a pressurized in ground system to serve a 2 bedroom dwelling and a 1 bedroom cabin.

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes and Wisconsin Statutes. The submittal has been **CONDITIONALLY APPROVED**. The owner, as defined in chapter 101.01(10), Wisconsin Statutes, is responsible for compliance with all code requirements.

The following conditions shall be met during construction or installation and prior to occupancy or use:

1. This plan action is subject to designer comments on the plan.
2. This approval does not include plans for the general plumbing systems or sewer piping leading to the septic/holding tank that may be required for this project. See section COMM 82.20, Wis. Adm. Code, to determine if plan submittal and approval is required.
3. Dual tank inlets to be installed by tank manufacturer.
4. Maintenance information must be given to the owner of the tank explaining that periodic cleaning of the septic tank outlet filter will be required. The outlet filter shall be installed per product approval stipulations.

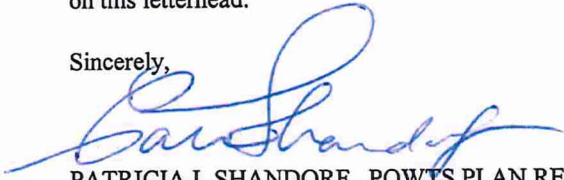
Maintenance information must be given to the owner of the tank explaining that periodic cleaning of the Zabel filter will be required.

A copy of the approved plans, specifications and this letter shall be on-site during construction and open to inspection by authorized representatives of the Department, which may include local inspectors. All permits required by the state or the local municipality shall be obtained prior to commencement of construction/installation/operation.

P.O.W.
Condi
APPR
DEPARTMENT
DIVISION OF SAFE
SEE CORR

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

Sincerely,



PATRICIA L SHANDORF, POWTS PLAN REVIEWER

Integrated Services

(715) 634-7810, FAX: (715) 634-5150, M-F 7:45 AM - 4:30 PM

PSHANDORF@COMMERCE.STATE.WI.US

DATE RECEIVED 04/18/2000

FEE REQUIRED \$ 190.00

FEE RECEIVED \$ 190.00

BALANCE DUE \$ 0.00

WiSMART code: 7633

cc: MYRON (JACK) BROSE

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Bayfield Co.
Planning and Zoning Agency

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MAR 18 2022

Wisconsin Department of Commerce
Safety and Buildings Division

PRIVATE SEWAGE SYSTEM

INSPECTION REPORT

Bayfield Co
Planning and Zoning Agency

County:

Sanitary Permit No.:

State Plan ID No.:

Parcel Tax No.:

GENERAL INFORMATION

(ATTACH TO PERMIT)

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

Permit Holder's Name:

☐ City ☐ Village ☐ Town of:

CST BM Elev.:

Inp. BM Elev.:

BM Description:

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Rasmussen	800
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	4.98	104.98		104.98
Bldg. Sewer			6.3	98.68
St/Ht Inlet			6.4	98.58
St/Ht Outlet			6.56	98.42
Dt Inlet			7.84	97.14
Dt Bottom			12.51	92.47
Header / Man.				
Dist. Pipe				
Bot. System				
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	Distant	~	7.75	—	NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer						Demand	
Model Number						GPM	
TDH	Lift	Friction Loss		System Head		TDH	Ft
Forcemain		Length		Dia.		Dist. To Well	

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width	Length	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
	Type Of System:						Model Number:

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length _____ Dia. _____	Length _____ Dia. _____ Spacing _____			

SOIL COVER

x Pressure Systems Only

xx Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center	Depth Over Bed / Trench Edges	xx Depth Of Topsoil	xx Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	xx Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------	-------------------------------	---------------------	--	--

COMMENTS: (Include code discrepancies, persons present, etc.)

Well not yet installed
18" of cover to be provided over pipe from new
cabin to existing tank

Plan revision required? ☐ Yes ☐ No
Use other side for additional information.

SBD-6710 (R.3/97)

6 5 00

Date

Chad M. Rochette

Inspector's Signature

220595

Cert. No.



SANITARY PERMIT APPLICATION

In accord with Comm 83.05, Wis. Adm. Code

RECEIVED

MAR 18 2022

Safety and Buildings Division
201 W. Washington Avenue,
P.O. Box 7302
Madison, WI 53707-7302

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

Personal information you provide may be used for secondary purposes
[Privacy Law, s. 15.04 (1) (m)].

Bayfield Co. Planning Agency
State Sanitary Permit Number 367221
<input checked="" type="checkbox"/> Check if revision to previous application
State Plan I.D. Number 311467

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name MYRON (JACK) BROSE		Property Location 1/4 S 4 T 43, N, R 6 E (or) W	
Property Owner's Mailing Address P.O. Box 537		Lot Number 1 in 61 8 x 61 9	Block Number
City, State CABLE WI	Zip Code 54821	Phone Number (715) 798-2337	
Subdivision Name or CSM Number			

II. TYPE OF BUILDING: (check one) <input type="checkbox"/> State Owned		<input type="checkbox"/> City	Nearest Road
<input type="checkbox"/> Public	<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms 2	<input type="checkbox"/> Village	Junek's Point Drive
		<input checked="" type="checkbox"/> Town OF Namakagon	

III. BUILDING USE: (If building type is public, check all that apply)			Parcel Tax Number(s) 034-1048-07 (Main House) 034-1048-04-990 (NEW TANK)
1 <input type="checkbox"/> Apartment / Condo	6 <input type="checkbox"/> Medical Facility / Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility	
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise Sales / Repairs	11 <input type="checkbox"/> Restaurant / Bar / Dining	
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station / Car Wash	
4 <input type="checkbox"/> Church / School	9 <input type="checkbox"/> Office / Factory	13 <input type="checkbox"/> Other: specify	
5 <input type="checkbox"/> Hotel / Motel			

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)				
A) 1. <input type="checkbox"/> New System	2. <input type="checkbox"/> Replacement System	3. <input type="checkbox"/> Replacement of Tank Only	4. <input type="checkbox"/> Reconnection of Existing System	5. <input checked="" type="checkbox"/> Repair of an Existing System
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. Permit Number 69828 Date Issued 9-4-85				

V. TYPE OF SYSTEM: (Check only one)			
Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input checked="" type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:											
1. Gallons Per Day 450	2. Absorp. Area Required (sq. ft.) 375	3. Absorp. Area Proposed (sq. ft.) 380	4. Loading Rate (Gals/day/sq. ft.) 1.2	5. Perc. Rate (Min./inch) 410	6. System Elev. 99.6 Feet	7. Final Grade Elevation Feet					
VII. TANK INFORMATION		Capacity in gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
		New Tanks	Existing Tanks								
Septic Tank or Holding Tank		800	1000	1800	2	Rasmussen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber			1000	1000			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT			
I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.			
Plumber's Name: (Print) A. Rasmussen & Sons	Plumber's Signature: (No Stamps) [Signature]	MP/MPRSW No.: 220173	Business Phone Number: 715-798-3355
Plumber's Address (Street, City, State, Zip Code): Box 666 Cable WI 54821			

IX. COUNTY / DEPARTMENT USE ONLY			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) \$350 5-13-00 2912	Date Issued 6/5/00
<input type="checkbox"/> Owner Given Initial Adverse Determination		Issuing Agent Signature (No Stamps) [Signature] 5-22 2000	

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:	



SANITARY PERMIT APPLICATION

In accord with Comm 83.05, Wis. Adm. Code

Bayfield Co. Planning and Zoning Agency

Safety and Buildings Division
201 W. Washington Avenue
P O Box 7302
Madison, WI 53707-7302

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Property Owner's Mailing Address P.O. Box 537			Lot Number 1 in G.L. 8 & G.L. 9		Block Number
City, State CABLE, WI	Zip Code 54821	Phone Number (715) 798-2337	Subdivision Name or CSM Number		

II. TYPE OF BUILDING: (check one) ☐ State Owned
☐ Public ☒ 1 or 2 Family Dwelling - No. of bedrooms **3**

☐ City ☐ Village ☒ Town OF **Namakagon** Nearest Road **June's Point Drive**

III. BUILDING USE: (If building type is public, check all that apply)

Parcel Tax Number(s)
034-1048-07 (main House)
034-1048-04-990 (NEW TANK)

1 <input type="checkbox"/> Apartment / Condo	6 <input type="checkbox"/> Medical Facility / Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise: Sales / Repairs	11 <input type="checkbox"/> Restaurant / Bar / Dining
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station / Car Wash
4 <input type="checkbox"/> Church / School	9 <input type="checkbox"/> Office / Factory	13 <input type="checkbox"/> Other: specify _____
5 <input type="checkbox"/> Hotel / Motel		

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) 1. ☐ New System 2. ☐ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☒ **Add Tank to Repair of an Existing System**

B) ☒ A Sanitary Permit was previously issued. Permit Number **69828** Date Issued **9-4-85**

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input checked="" type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day 450	2. Absorp. Area Required (sq. ft.) 375	3. Absorp. Area Proposed (sq. ft.) 380	4. Loading Rate (Gals/day/sq. ft.) 1.2	5. Perc. Rate (Min./inch) < 10	6. System Elev. 99.6 Feet	7. Final Grade Elevation Feet
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VII. TANK INFORMATION

	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Con-structed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	800	1000	1800	2	Rasmussen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber		1000	1000		"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (Print) A. Rasmussen + Sons	Plumber's Signature (No Stamps) <i>Andy Rasmussen</i>	MPA/PRSW No.: 220173	Business Phone Number: 715-798-3355
Plumber's Address (Street, City, State, Zip Code): Box 66 Cable, WI 54821			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) #250 5-12-00 BJB	Date Issued 6/5/00	Issuing Agent Signature (No Stamps) <i>Chad M. Ricketts</i> 5-22 2000
<input type="checkbox"/> Owner Given Initial Adverse Determination				

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

PLB-68

BAYFIELD COUNTY

SANITARY PERMIT

No 367221

OWNER Myron (Jack) Brose

PLUMBER Rasmussen LIC. # 220173

TOWN OF Namakagon LOCATED

GL SEC 4 T 43 N/R 6 ☐

AND/OR LOT 1 BLOCK

SUBDIVISION

Chad Rochuete /mJ AUTHORIZED ISSUING OFFICER - DATE 06-05-00

THIS PERMIT EXPIRES 06-05-02 UNLESS RENEWED BEFORE THAT DATE
(TWO YEARS FROM ORIGINAL DATE OF ISSUANCE)

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

CHAPTER 145.135 WISCONSIN STATUTES

(a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.

(b) The approval of the sanitary permit is based on regulations in force on the date of issue.

(c) The sanitary permit is valid for 2 years from original date of issuance and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.

(d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.

(e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may impede renewal.

(f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.

* If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

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MAR 18 2022

Karl Kastrosky
Land Development & Zoning Consultant

Bayfield Co.
Planning and Zoning Agency

14295 McNaught Rd. Cable, WI 54821

715-580-0157

Kastrosky821@gmail.com

To Whom it may concern,

I hereby authorize **Karl Kastrosky** to act as my agent to procure permits and

access information pertaining to my property at 45520 MARSH LN.

in the Town of Namkagon County of Bayfield

(M. K. Brosse)

Signature

11/30/21

Date

My contact information is:

Address: 1312 89th St. New R. L. L. WI 54827

Phone: 715-684-9150

Email: mbrosse@doardrill.com

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**Bayfield County
Impervious Surface Calculations**

Bayfield Co.
Planning and Zoning Agency

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): <i>MYLON & BARBARA BRODIE TRUSTEES</i>				
Mailing Address: <i>54017</i>		Property Address		
<i>1312 89TH ST. N/A RICHMOND, WI</i>		<i>45520 MARSH LN. CAPOE, WI 54801</i>		
Legal Description: _____ 1/4, _____ 1/4,		Section, Township, Range		
		Sec <u>4</u> Township <u>43</u> N, Range <u>6</u> W		
Authorized Agent/Contractor <i>Karl Kosteosky</i>		Gov't Lot <i>8</i>	Lot #	CSM#
				Vol & Page
Lot(s) #	Block(s) #	Subdivision		Town of: <i>WABAKA CON</i>
Parcel ID # (PIN #) <i>034104804990</i>		Tax ID #		Date:
<i>04-034-2-43-06-04-1 05-008-10000</i>		<i>24423</i>		<i>3/15/2022</i>

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- Maintenance and repair of all impervious surfaces;
- Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

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Bayfield Co.
Planning and Zoning Agency

Impervious Surface Item	Dimension	Area (Square Footage)
Existing House	32 x 27	864
Existing Accessory Building/Garage	—	
Existing Sidewalk(s), Patio(s) & Deck(s)	—	
Existing Covered Porch(es), Driveway & Other Structures	20 x 40	800
Proposed Addition/House	IRREGULAR 24 x 20 + 12 x 12	788 624 APPROX
Proposed Accessory Building/Garage	—	
Proposed Sidewalk(s) & Patio(s)	—	
Proposed Covered Porch(es) & Deck(s)	—	
Proposed Driveway	—	
Proposed Other Structures	—	
Total:		2,452

- a. Total square footage of lot: 46,560 0.93 ACRES
- b. Total impervious surface area: 2,452
- c. Percentage of impervious surface area: $100 \times (b)/a =$ 5.4%

If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% 3623 @ 30% 7,698

Issuance Information (County Use Only)	
Inspection Record:	Date of Inspection: <u>4/5/22</u>
Condition(s):	Zoning District (<u>R-1</u>) Lakes Classification (<u>1</u>)
Signature of Inspector: <u>[Signature]</u>	Stormwater Management Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Approval: <u>4/11/22</u>

Description	Updated: 5/31/2013
Tax ID:	24423
PIN:	04-034-2-43-06-04-1 05-008-10000
Legacy PIN:	034104804990
Map ID:	
Municipality:	(034) TOWN OF NAMAKAGON
STR:	S04 T43N R06W
Description:	GOVT LOT 8 LYING WEST OF JACKSON LAKE CHANNEL (BROSE REV TRUST) 2002R-477903
Recorded Acres:	54.890
Calculated Acres:	50.939
Lottery Claims:	0
First Dollar:	Yes
Zoning:	(R-1) Residential-1
ESN:	123


Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
034	TOWN OF NAMAKAGON
041491	SCHL-DRUMMOND
001700	TECHNICAL COLLEGE

Recorded Documents	Updated: 3/15/2006
CONVERSION	
Date Recorded:	477903 532-48;840-1036

Ownership	Updated: 5/31/2013
MYRON J & BARBARA L BROSE TRUSTEES	CABLE WI

Billing Address:	Mailing Address:
MYRON J & BARBARA L BROSE TRUSTEES	MYRON J & BARBARA L BROSE TRUSTEES
PO BOX 537	PO BOX 537
CABLE WI 54821	CABLE WI 54821

Site Address	* indicates Private Road
N/A	



Property Assessment

Updated: 11/9/2007

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	48,800	69,600
G5-UNDEVELOPED	12.000	3,600	0
G6-PRODUCTIVE FOREST	41.890	146,600	0

2-Year Comparison

	2020	2021	Change
Land:	199,000	199,000	0.0%
Improved:	69,600	69,600	0.0%
Total:	268,600	268,600	0.0%

Property History
N/A

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MAR 18 2022

Bayfield Co.
Planning and Zoning Agency

Town, City, Village, State or Federal
Permits May Also Be Required
(Floodplain)

LAND USE – X (Shoreland/Wetlands)
SANITARY – Existing (3 bedroom)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. 22-0060 Issued To: Myron & Barbara Brose (Trustees)
Location: ¼ of ¼ Section 4 Township 43 N. Range 6 W. Town of Namakagon

Gov't Lot 8 Lot Block Subdivision CSM#
Lying West of Jackson Lake Channel

Residential
For: Addition: [1-Story] Bathroom/Hallway/Laundry/Mech (12' x 12'); Great Room w/fireplace (24' x 20');
Foyer (10' x 10') = 788 sq. ft.]

Condition(s): Build as proposed. Modifications/Adding a bedroom/sleeping area is not allowed without a
required sanitary permit. A Uniform Dwelling Code (UDC) Permit from the locally contracted
UDC Inspection Agency must be obtained prior to the start of construction (if applicable)

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA
Authorized Issuing Official
April 22, 2022
Date

**Town, City, Village, State or Federal
Permits May Also Be Required**

LAND USE - X
SANITARY - None
SIGN -
SPECIAL - NA
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

**WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION**

No: 02082201-2022

Tax ID: 24043

Issued To: TOWN OF NAMAKAGON

Location: SW SW IN V.384 P.43 82

Section 18

Township 43 N.

Range 05 W.

NAMAKAGON

Govt Lot 0

Lot

Block

Subdivision:

CSM#

For: Commercial / Accessory Structure Addition/Alteration / 10L x 5W x 8.5H

Condition(s): Place 10x5 concrete pad and generator as proposed. Meet and Maintain Setbacks

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Tracy Pooler

Authorized Issuing Official

Fri Apr 22 2022

Date